Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	02/11/2014	Address:	959 E US 52
Incident #:	14ISPC001112		Morristown, IN
County:	Shelby		
Type of Laboratory Seizure (check one) Seizure Location (check			(check all that apply)
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all that	: Location (bedroom, kitchen, open air, of apply) or Birch Reaction(s):	etc)	
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s): <u>Upstairs</u>			
☐ Flammable Solvents: <u>Upstairs</u>			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid:			
Corrosive Base: <u>Upstairs</u>			
Other (item and location):			
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
\bigvee Yes $\underline{1}$ (n \square No	age 18 discovered (check appropriate) umber present) not present but evidence they reside	unclean Estimated le occurring: <u>U</u>	tions of home: clean disarray disarray ngth of time manufacturing had been nknown disarray disarray nformation: clean disarray
This report l	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:
Health Depar	nent City, Township or County Morrist etment County: Shelby Co of Child Services Hotline: dcshotlinere	Fax:	Fax: ax: 317-234-7595 or 317-234-7596
	ormation regarding this methamphetar Officer: Tom Egler Phon	nine laboratory, cont e <u>317-234-4591</u>	tact

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.